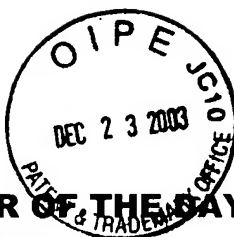


DATE: December 23, 2003



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EXPRESS MAIL CERTIFICATION

Date of Deposit: 12/23/2003 I hereby certify that the below-listed papers or fees were inserted into a package addressed to: Commissioner for Patents, PO BOX 1450, Alexandria, Virginia 22313-1450 and was deposited by me with the United States Postal Service "Express Mail Post Office Addressee" service under 37 C.F.R. § 1.10 on the date indicated above.

Signature Mike Dakan

Date 12/23/03

Atty. Docket No.	Serial Number	Description	Atty.	Fee
GRUE-003	09/269,874	Transmittal, Fee Transmittal <i>in duplicate</i> , Associate POA, Amendment, Exhibits 1-6, (7) Marked-Up Figure Sheets, (34) Annotated Formal Drawings	EJB	\$319
SKEL-007	10/629,321	Transmittal, Fee Transmittal <i>in duplicate</i> , Copy of Notice to File Missing Parts, Executed Declaration	BEF	\$574
DKIM-001	10/632,538	Transmittal, Fee Transmittal <i>in duplicate</i> , Copy of Notice to File Missing Parts, Preliminary Amendment	BEF	\$493

12-29-03

Please type a plus sign (+) inside this box →

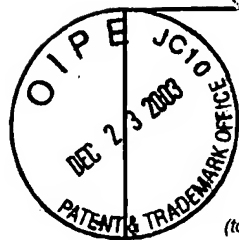


PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/632,538
Filing Date	August 1, 2003
First Named Inventor	KIM, DANIEL H.
Group Art Unit	3738
Examiner Name	Unassigned
Attorney Docket Number	DKIM-001
Total Number of Pages in This Submission	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Preliminary Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of Notice to File Missing Parts; Return receipt postcard
Remarks		

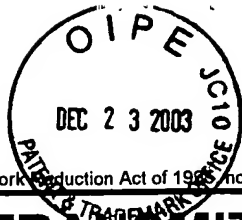
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Signing Attorney/Agent (Reg. No.)	BRET E. FIELD, 37.620 BOZICEVIC, FIELD & FRANCIS LLP
Signature	
Date	December 23, 2003

EXPRESS MAIL LABEL NO. EV333998327US

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 493.00)

Complete if Known

Application Number	10/632,538
Filing Date	August 1, 2003
First Named Inventor	KIM, DANIEL H.
Examiner Name	Unassigned
Art Unit	3738
Attorney Docket No.	DKIM-001

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit
Account
Number
Deposit
Account
Name

50-0815

Bozicevic, Field & Francis LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☐ Charge any additional fee(s) during the pendency of this application.☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1001	770	2001	385	Utility filing fee
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	770	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee

Fee Paid

385.00

SUBTOTAL (1)

385.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	19	-20** = 0	x =
Indep. Claims	4	-3** = 1	x 43.00 = 43.00
Multiple Dependent			=

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 43.00

**or number previously paid, if greater. For Reissues, see above.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65

Fee Description

Fee Paid

65.00

1052	50	2052	25	Surcharge - late filing fee or oath
1053	130	1053	130	Surcharge - late provisional filing fee or cover sheet
1812	2,520	1812	2,520	Non-English specification
1804	920*	1804	920*	For filing a request for ex parte reexamination
1805	1,840*	1805	1,840*	Requesting publication of SIR prior to Examination action
1251	110	2251	55	Requesting publication of SIR after Examiner action
1252	420	2252	210	Extension for reply within first month
1253	950	2253	475	Extension for reply within second month
1254	1,480	2254	740	Extension for reply within third month
1255	2,010	2255	1,005	Extension for reply within fourth month
1401	330	2401	165	Extension for reply within fifth month
1402	330	2402	165	Notice of Appeal
1403	290	2403	145	Filing a brief in support of an appeal
1451	1,510	1451	1,510	Request for oral hearing
1452	110	2452	55	Petition to institute a public use proceeding
1453	1,330	2453	665	Petition to revive - unavoidable
1501	1,330	2501	665	Petition to revive - unintentional
1502	480	2502	240	Utility issue fee (or reissue)
1503	640	2503	320	Design issue fee
1406	130	1460	130	Plant issue fee
1807	50	1807	50	Petitions to the Commissioner
1806	180	1806	180	Processing fee under 37 CFR 1.17(q)
8021	40	8021	40	Submission of Information Disclosure Stmt
1809	770	2809	385	Recording each patent assignment per property (times number of properties)
1810	770	2810	385	Filing a submission after final rejection (37 CFR § 1.129(a))
1801	770	2801	385	For each additional invention to be examined (37 CFR § 1.129(b))
1802	900	1802	900	Request for Continued Examination (RCE)

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

65.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Bret E. Field	Registration No. (Attorney/Agent)	37,620	Telephone	(650) 833-7770
Signature		Date	12/23/2003		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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